U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application of Docket Number 10 7/5 890 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA FOR NUMBER FILED RATE RATE FEE FEE BASIC FEE (37 CFR 1.16(a)) \$ OR TOTAL CLAIMS minus 20 = (37 CFR 1.16(c)) X \$ OR INDEPENDENT CLAIMS s 86 = (37 CFR 1.16(b)) minus 3 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY HIGHEST CLAIMS **PRESENT** RATE NUMBER RATE ADDI-REMAINING ADDI-**EXTRA** TIONAL ENDMENT PREVIOUSLY TIONAL AFTER AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) 32 Minus 0 X \$ OR Independent (37 CFR 1 16(b)) Minus X \$ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 $\mathbf{\omega}$ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA** TIONAL TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus ENDM OR X \$ Independent (37 CFR 1.16(b)) Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-**EXTRA PREVIOUSLY** TIONAL TIONAL **AFTER** ENDMENT AMENDMENT PAID FOR FEE FEE Total Minus = OR Independent (37 CFR 1.16(b)) Minus X \$ X S = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

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[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".